

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001638

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: WATER'S EDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7581 CAPE SAN BLAS RD  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

7581 CAPE SAN BLAS RD  
PORT ST JOE, FL 32456

**New Mailing Address:**

FEI Number: 73-1658532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIEGIOVANNI, DALE  
7581 CAPE SAN BLAS RD  
PORT ST JOE, FL 32456 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PIERGIOVANNI, DALE  
Address: 7581 CAPE SAN BLAS RD  
City-St-Zip: PORT ST JOE, FL 32456

Title: DV ( ) Delete  
Name: PIERGIOVANNI, DEAN C  
Address: 7583 CAPE SAN BLAS RD  
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete  
Name: PIERGIOVANNI, CLEMENT J  
Address: 227 WATERS EDGE DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: KENDRICK, HERSHELL L  
Address: PO BOX 695  
City-St-Zip: SELMA, AL 36702

Title: DST ( ) Delete  
Name: EPP, SUSAN K  
Address: 3060 HORESHOE PLANTATION RD.  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMENT J. PIERGIOVANNI

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date